

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/83076	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1	1	1	1	1					
2	1	1	1	1	1					
3	1	1	1	1	1					
4	1	1	1	1	1					
5	4	4	Conceivd							
6	8	8								
7	8	8								
8	8	8								
9	8	8								
10	1	1								
11	1	1								
12		1	1							
13		1	1							
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49										
50										
TOTAL IND.			1		1					
TOTAL DEP.			12		8					
TOTAL CLAIMS			13		9					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS